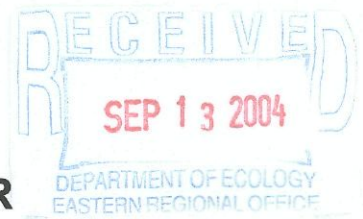




STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**



For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: Well Consolidation/Water Right Integration

FOR OFFICE USE ONLY

CHANGE No. CG3-*00736C WRIA 57

DATE ACCEPTED 09/20/2004 BY Kay

FEE \$ 20.00 REC'D 9/13/2004

CHECK No. 7899

SEPA: Exempt ☒ Not exempt

Spokane County

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Model Irrigation District #18	PHONE NO. (509) 926-5759	FAX NO. (509) 924-0259
ADDRESS 1506 South Pierce		
CITY Spokane	STATE Washington	ZIP CODE 99206

CONTACT NAME (IF DIFFERENT FROM ABOVE) Jim Lahde at MID #18 or Sharon O'Shaughnessy	PHONE NO. (509) 927-1887	FAX NO. ()
ADDRESS 4224 N. McDonald Road, #304		
CITY Spokane	STATE WA	ZIP CODE 99216

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER 689-D	RECORDED NAME(S) Same as above
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	¼	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well	1	SW	SW	21	25N	44E		ABR777
well	6	SW	SW	21	25N	44E		ABR178

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well	1	SW	SW	21	25N	44E		ABR777
well	6	SW	SW	21	25N	44E		ABR178
well	3	SE	SW	28	25N	44E		NA
well <i>see email re: 15-05</i>	4	SE ^{NE}	NE ^{SW}	21	25N	44E		NA
well	5	NW	SW	28	25N	44E		NA
Well	7	NE	NE	33	25N	44E		ABR779

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic, Irrigation, and Municipal Supply	4200 gpm	779	Throughout the year

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same as above			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The west ¾ of the S ½ of Section 21, T. 25 N., R. 44 E.W.M., also 10 acres adjoining the N ½ of said Section 21							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			25	44	Spokane		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							
N/A - applicant is a public water district.							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
The Area Served by Model Irrigation District #18							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			25	44	Spokane		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							
N/A - applicant is a public water district.							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 119-A, 3211-A, 4109-A, 5558-A, G3-00342C, G3-20159C, G3-21962C, G3-26072C, and G3-26369C.

6. Remarks and Other Relevant Information:

Certificate Priority Date: 1912

Wells # 1 and 6 are to be consolidated with wells # 3, 4, 5, and 7.

This application supercedes Application for Change No. 280 dated 4/4/2000 – to change the
“place of use”


IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 (Applicant)	<u>9.13.04</u> (Date)
 (Water Right Holder)	<u>9.13.04</u> (Date)
 (Land Owner(s) of Existing Place of Use)	<u>9.13.04</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____